DANTES ASE/ACT Examination Test Control Officer Form

Shipping address for receipt of test materials:

Completed forms must be **received** at ASE/ACT by **March 24, 2006**. DANTES Identification Number _____

Mail to:

ASE/ACT DANTES ATTN: Hellen Coblentz P.O. BOX 4007 IOWA CITY, IA 52243	
Phone numbers:	
CONUS (toll-free): (800) 553-6244 ext. 1433 Overseas: (850) 452-1360 (DANTES in Pensacola, FL)	
CERTIFICATION: The undersigned certifies that he/she is the authorized DANTES Test Control Officer and assumes sole responsibility for receiving, safeguarding, administering, and returning the tests to the ASE/ACT Contract Representative. NOTE: This order cannot be processed without an authorized signature.	
Printed name and rank of DANTES Test Control Officer:	
Signature of DANTES Test Control Officer:	Date:
Daytime telephone number:	Fax number:
E-mail address:	
Please mail a registration form (Enclosure (4)) for each examinee, and keep a copy for your files.	
NOTE: We do not accept faxed orders.	Number of Registration Forms Attached

Enclosure (1)